
By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/

TO: IHSC Commissioned Corps Officers, Civilian Federal Employees and Contract Personnel

SUBJECT: Clinical Nursing Guidelines (Interim RN Guidelines)

1. **PURPOSE:** The purpose of this issuance is to set forth the policies for Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) Nursing Clinical Guidelines (currently known as the Interim Registered Nurse (RN) Guidelines, 2008).
2. **APPLICABILITY:** This Operations Memorandum (OM) applies to all Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel, including but not limited to, Public Health Service (PHS) officers and civil service employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 8, Code of Federal Regulations, Section 235.3 ([8 CFR § 235.3](#)), Inadmissible Aliens and Expedited Removal.
 - 3-2. Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code, Section 1222 ([8 USC § 1222](#)), Detention of Aliens for Physical and Mental Examination.
 - 3-3. Title 8, Code of Federal Regulations, Section 232 ([8 CFR § 232](#)), Detention of Aliens for Physical and Mental Examination.
 - 3-4. Section 322 of the Public Health Service Act, as amended, Title 42 U.S. Code, Section 249(a) ([42 USC § 249\(a\)](#)), Medical Care and Treatment of Quarantined and Detained Persons.
 - 3-5. Title 42, U.S. Code, Section 252 ([42 USC § 252](#)), Medical Examination of Aliens.

4. GUIDANCE:

4-1. Clinical Nursing Guidelines (Interim RN Guidelines)

IHSC uses various clinical/nursing practice guidelines to ensure that health care providers are performing within the various correctional accreditation standards and within the scope of their practice.

- a. The Chief Nurse (CN) and the Associate Medical Director review the clinical nursing guidelines annually.
- b. Each facility Nurse Manager maintains documentation that each registered nurse is trained on the IHSC clinical nursing guidelines. This includes:
 - (1) Evidence that all new nursing staff are trained.
 - (2) Demonstration of knowledge and competency.
 - (3) Evidence of retraining when new IHSC nursing guidelines are introduced or revised.
- c. IHSC nursing guidelines do not include the use of prescription medications except for those covering emergency, life-threatening situations.

A nurse must act in accordance and comply with their nursing state practice act and will only provide care that is appropriate to their level of competence and education. All RNs must follow the current [Clinical Nursing Guidelines \(Interim RN Guidelines\)](#).

The following are important requirements when implementing the use of nursing guidelines:

1. Medication/food allergies and complete vital signs must be assessed on each patient for each nursing encounter in the electronic health record for each sick call visit or urgent/emergent visit regardless of the complaint.
2. Over-the-counter (OTC) medication provided using clinical nursing guidelines will be given in accordance with manufacturer instructions. No off-label uses of these medications are allowed. If any other medication (OTC or prescription) is provided to treat the condition and is not named in the guideline, it must have a telephone/verbal order signed by the prescriber.
3. The eCW appointment scheduler will be used to schedule appointments within 24 hours if the RN cannot address the complaint

during the sick call visit. Whenever possible, the appointment will be made with the appropriate provider i.e the mid-level provider (MLP), physician, dentist, behavioral health provider (BHP).

4. ****Any patient whose complaint is not improving within the specified timeframe per the guideline or within a reasonable time will be re-evaluated by a higher level provider, i.e the MLP, physician, dentist, or BHP. If a patient returns to sick call with the same complaint more than two times within 14 days, that individual will be re-evaluated by a higher level provider within 24 hours.**
5. When documenting a sick call encounter, the RN must state in the note which specific nursing guideline was used, e.g. (the headache guideline). All nursing documentation will also include subjective, objective, assessment, plan of care, education, and follow-up in each note.
6. When in doubt, confer with or refer to the appropriate provider or on-call provider.

5. PROCEDURES:

5.1 Sick Call. All detainees/residents are afforded access to care for emerging health care needs through sick call see [IHSC Directive 03-02 Access to Care: Sick Call](#)

- a. A multi-disciplinary team approach is suggested to provide sick call services most expeditiously.
- b. The RN assesses the detainee/resident's sick call complaint. The RN determines which provider should see the detainee to address the complaint. Registered Nurses are required to strictly adhere to the IHSC Clinical Nursing Guidelines (Interim RN Guidelines).
- c. If the complaint is within the RN's scope of practice, the RN provides the indicated intervention and treatment in accordance with the IHSC Clinical Nursing Guidelines (Interim RN Guidelines) and documents the sick call encounter. If the complaint is not within the RN's scope of practice, the RN documents the sick call encounter and refers the detainee/resident to the appropriate provider.
- d. If the sick call complaint does not require immediate intervention, the RN completes a SC (Sick Call) encounter and documents referral of the detainee's/resident's complaint to the appropriate individual.

5.2 Emergency Health Services. IHSC health staff provide 24 hour emergency health services to detained aliens, visitors, and staff at all ICE detention and staging facilities. Treatment includes first aid, basic life

support, and response to trauma to include sexual and physical assault see [IHSC Directive 03-05 Emergency Health Services](#).

If an emergency occurs when no mid-level provider or physician is available, the RN assesses and provides the indicated intervention and treatment using clinical judgement in accordance with the IHSC Clinical Nursing Guidelines (Interim RN Guidelines) and documents this in an urgent care encounter. All treatments provided during emergency must be communicated to on-call provider as soon as possible and all orders received should be cosigned by a provider.

5.3 Clinical Nursing Triage

- a. Based on the nursing assessment of the detainee/resident and evaluation of the health complaint, the nurse may initiate treatment using the guideline, provide advice or recommend some form of self-care, educate, or inform the patient about an aspect of care or symptom management, and/or refer for higher level care.
- b. Although the clinical nursing guidelines can guide the nurse's judgment in whether to refer the detainee to a higher level care, these guidelines are not always applicable and definitive to the patient care situation. RNs must exercise good judgment and seek consultation if uncertainty exists.
- c. In addition to instructions in the clinical nursing guidelines (Interim RN Guidelines), the nurse will refer to a higher level care when the patient has symptomatic or significantly abnormal vital signs, when the evaluation requires diagnostics that exceed the limits of the guidelines (radiographs, lab studies, etc.), when the nurse is unable to come to a diagnostic conclusion, and when the patient's complaint has not resolved (seen more than twice for the same complaint).

6. HISTORICAL NOTES: This OM replaces Subsections **10.2.1**. Registered Nurse Guidelines of **Chapter 10** Nursing/Physician Assistants/ Nurse Practitioners, and Medical Assistants from the legacy IHSC Policy and Procedure Manual. This is the first issuance published under the new Policy and Procedure System.

7. DEFINITIONS: See [GLOSSARY FOR IHSC OFFICIAL GUIDANCE](#)

8. APPLICABLE STANDARDS:

8-1. Performance Based National Detention Standards (PBNDs):

- a. 7.3 Staff Training

8-2. ICE Family Residential Standards:

- a. •4.3 Medical Care

8-3. American Correctional Association (ACA):

- a. Performance-Based Standards for Adult Local Detention Facilities, 4th edition
 - (1) 14-ALDF-4C-03 Clinical Services
 - (2) 14-ALDF-4C-05 Referrals
 - (3) 14-ALDF-4C-08 Emergency Plan
 - (4) 14-ALDF-4C-09 Infirmary Care
 - (5) 14-ALDF-4C-20 Dental Care
 - (6) 14-ALDF-4C-31 Mental Health Referrals

8-4. National Commission on Correctional Health Care (NCCHC):

- a. Standards for Health Services in Jails, 2014
 - (1) J-E-11 Nursing Assessment Protocols
 - (2) J-C-09 Orientation for Health Staff

- 9. PRIVACY AND RECORDKEEPING.** IHSC stores, retrieves, accesses, retains, and disposes of these records in accordance with the Privacy Act and as provided in the Alien Medical Records System of Records Notice, 80 Fed. Reg. 239 (January 5, 2015). The records in the electronic health record (eHR)/eClinicalWorks (eCW) are destroyed ten (10) years from the date the detainee leaves ICE custody. Retention periods for records of minors may differ. Paper records are scanned into eHR and are destroyed after upload is complete.

Protection of Medical Records and Sensitive Personally Identifiable Information (PII).

- 9-1.** Medical records, whether electronic or paper, may only be disclosed to or accessed by those officers and employees of the agency which maintain the record who have a need for the record in the performance of their duties. Paper records must be secured at all times within a locked cabinet or room when not under the direct control of an officer or employee of the agency with a need for the record in the performance of their duties.

9-2. Staff is trained at orientation and annually on the protection of patient medical information and Sensitive PII.

9-3. Staff references the Department of Homeland Security *Handbook for Safeguarding Sensitive Personally Identifiable Information* (March 2012)

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when additional information is needed concerning safeguarding Sensitive PII.

10. **NO PRIVATE RIGHT STATEMENT.** This directive in an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.